|                                                                                                                                                                                                                                                                                                                        | PATENT                                         | CORD Application or Docket Number        |                  |                                            |                  |            |                        |     |                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|------------------|--------------------------------------------|------------------|------------|------------------------|-----|---------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                        |                                                | E                                        | fective Octo     |                                            | 10               |            | 5100                   | el/ |                     |                        |
| •                                                                                                                                                                                                                                                                                                                      |                                                | SMALL E                                  | MTITY            | 7                                          | 077              |            |                        |     |                     |                        |
| (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                  |                                                |                                          |                  |                                            |                  | TYPE       |                        | OR  |                     | THAN<br>ENTITY         |
| TO.                                                                                                                                                                                                                                                                                                                    | TAL CLAIMS                                     |                                          |                  |                                            |                  | RATE       | FEE                    |     | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                    |                                                |                                          | NUMBER FILED NUM |                                            | UMBER EXTRA      | BASIC FEE  |                        | ОR  | BASIC FEE           | 757                    |
| TOT                                                                                                                                                                                                                                                                                                                    | AL CHARGEA                                     | ELE CLAIMS                               | 20 minus 20 = .  |                                            |                  | X\$9=      |                        | OR  | X \$ 18=            |                        |
| DEDE                                                                                                                                                                                                                                                                                                                   | PENDENT CL                                     | ADAS                                     | 2 minus 3 = .    |                                            |                  | X\$44 =    |                        | OR  | X\$88=              |                        |
| MUL                                                                                                                                                                                                                                                                                                                    | TIPLE DEPEN                                    | DENT CLASS P                             | RESENT .         |                                            |                  | + \$ 150 = |                        | OR  | +\$300=             |                        |
| . 11                                                                                                                                                                                                                                                                                                                   | the difference                                 | in column 1 i                            | in column 2      | TOTAL                                      |                  | OR         | TOTAL                  |     |                     |                        |
| 1                                                                                                                                                                                                                                                                                                                      | 1 200                                          |                                          |                  |                                            | OTHER            | THAN       |                        |     |                     |                        |
|                                                                                                                                                                                                                                                                                                                        | 1-200                                          | (Column 1)                               |                  | (Column 2                                  | (Column 3)       | SMALL      | ENTITY                 | OR  | SMALL               |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                            |                                                | CLAMS<br>REMAINING<br>AFTER<br>AMENOMENT |                  | HIGHEST<br>HUMBER<br>PREVIOUSL<br>PAID FOR | PRESENT EXTRA    | RATE       | ADOI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                        | Total                                          | 20                                       | Minus            | <del>"</del> 20                            | -/               | X\$9=      |                        | OR  | X \$ 18 =           | ~i                     |
|                                                                                                                                                                                                                                                                                                                        | Independent                                    | . 2                                      | Minus            | <b></b> .3                                 | 7                | . X\$44=   |                        | OR  | X \$ 88 =.          |                        |
|                                                                                                                                                                                                                                                                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                          |                  |                                            |                  | +\$ 150 =  |                        | ÖR  | + \$.300 =          |                        |
| ١                                                                                                                                                                                                                                                                                                                      | 1-17-28-0                                      |                                          |                  |                                            |                  |            |                        | OR  | TOTAL<br>ADDIT, FEE |                        |
| Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                        |                                                |                                          |                  |                                            |                  |            |                        |     |                     |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                            |                                                | CLAMS · REMAINING AFTER AMENOMENT        |                  | HIGHEST<br>NUMBER<br>PREVIOUSU<br>PAID FOR | PRESENT<br>EXTRA | RATE       | ADOI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                        | Total                                          | . 90                                     | Minus            | • 20°                                      | = /              | X\$9=      |                        | OR  | X \$ 18≃            |                        |
|                                                                                                                                                                                                                                                                                                                        | Independent                                    | . 2                                      | Minus            | ·· 3                                       | -/               | X\$44=     |                        | OR  | X \$ 88 =           |                        |
|                                                                                                                                                                                                                                                                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                          |                  |                                            |                  | +\$ 150 =  | ·                      | OR  | + \$ 300 =          |                        |
| 8-8-1 (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                 |                                                |                                          |                  |                                            |                  | ADOIT, FEE |                        | OR  | TOTAL<br>ADOIT, FEE |                        |
| 0                                                                                                                                                                                                                                                                                                                      | 8164                                           |                                          |                  | (Column 2                                  | (Column 3)       | ·          |                        |     |                     | •                      |
| AMENDMENT C                                                                                                                                                                                                                                                                                                            |                                                | CLAFAS REMAINING AFTER AMENOMENT         |                  | HIGHEST<br>MUMBER<br>PREVIOUSL<br>PAID FOR | PRESENT EXTRA    | RATE       | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                        | Total •                                        | . 20                                     | Minus            | . Le                                       | ) =              | X\$9=      |                        | OR  | X \$ 18=            |                        |
|                                                                                                                                                                                                                                                                                                                        | Independent                                    | • 3                                      | Linus            | ··3                                        |                  | X \$ 44 =  |                        | OR  | X \$ 88.=           |                        |
|                                                                                                                                                                                                                                                                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                          |                  |                                            |                  | + \$ 150 = |                        | OR  | + \$ 300=           | J                      |
| * If the entry in column 1 is less than the only in column 2, write "O" in column 2.                                                                                                                                                                                                                                   |                                                |                                          |                  |                                            |                  |            |                        |     |                     |                        |
| ** If the "Highest Humber Previously Paid For" IN THUS SPACE is test than "20", over "20",  *** If the "Highest Humber Previously Paid For" IN THUS SPACE is test than "2", over "2".  The "Highest Humber Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1, |                                                |                                          |                  |                                            |                  |            |                        |     |                     |                        |